

PROJECT 10073 RECORD

1. DATE - TIME GROUP 19 May 54 20/0400Z	2. LOCATION 55 Utica St, Hamilton, New York
3. SOURCE civilian	10. CONCLUSION PROBABLY AIRCRAFT Possible a/c sighting, flight, speed and general description consistent with this analysis.
4. NUMBER OF OBJECTS one	
5. LENGTH OF OBSERVATION 30 seconds	11. BRIEF SUMMARY AND ANALYSIS Object appeared as a faint "glob" of light, milky in color with two faint reddish dots. Oval in shape. Elevation 20°. No clouds in sky, temp cool, weather, dry. Object near Saturn. Disappeared after level flight beyond buildings obstructing view. Observed in SE, passed through about 20° arc. Witness listened for sound of a/c but didn't hear any.
6. TYPE OF OBSERVATION ground visual	
7. COURSE East	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

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6. If you saw the object at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?

a. STARS (Circle One)

b. MOON (Circle One)

c. None

d. A few

 e. All the stars

f. None

g. None

h. None

i. None

j. None

k. None

l. None

m. None

n. None

o. None

p. None

q. None

r. None

s. None

t. None

u. None

v. None

w. None

x. None

y. None

z. None

7. Was the object brighter than the background of the sky?

(Circle One)

a. Yes

b. No

c. Don't remember

8. If it was DARKER THAN the sky background, was the brightness like that of an automobile headlight?

(Circle One) a. A single or mere group (a cluster and)

b. Several bright areas?

c. A bright group?

d. Several bright areas?

e. Other: *Cloudy*

9. Did the object:

(Circle One for each question)

a. Appear to stand still at any time?

Yes No Don't know

b. Suddenly stand up and rush away at any time?

Yes No Don't know

c. Break up into parts or reassemble?

Yes No Don't know

d. Give off sounds?

Yes No Don't know

e. Change brightness?

Yes No Don't know

f. Flitter, flick, or pulsate?

Yes No Don't know g. Other: *Cloudy*

10. Did the object move behind something or anything, particularly a cloud?

(Circle One for each question)

a. Yes No Don't know

(If you answered YES, when will other

is moved in front of)

b. None

c. None

d. None

e. None

f. None

g. None

h. None

i. None

j. None

k. None

l. None

m. None

n. None

o. None

p. None

q. None

r. None

s. None

t. None

u. None

v. None

w. None

x. None

y. None

z. None

11. Did the object move in front of something or anything, particularly a cloud?

(Circle One for each question)

a. Yes No Don't know

(If you answered YES, when will other

is moved in front of)

b. None

c. None

d. None

e. None

f. None

g. None

h. None

i. None

j. None

k. None

l. None

m. None

n. None

o. None

p. None

q. None

r. None

s. None

t. None

u. None

v. None

w. None

x. None

y. None

z. None

12. Did the object move in front of something or anything, particularly a cloud?

(Circle One for each question)

a. Yes No Don't know

(If you answered YES, when will other

is moved in front of)

b. None

c. None

d. None

e. None

f. None

g. None

h. None

i. None

j. None

k. None

l. None

m. None

n. None

o. None

p. None

q. None

r. None

s. None

t. None

u. None

v. None

w. None

x. None

y. None

z. None

13. Did the object move in front of something or anything, particularly a cloud?

(Circle One for each question)

a. Yes No Don't know

(If you answered YES, when will other

is moved in front of)

b. None

c. None

d. None

e. None

f. None

g. None

h. None

i. None

j. None

k. None

l. None

m. None

n. None

o. None

p. None

q. None

r. None

s. None

t. None

u. None

v. None

w. None

x. None

y. None

z. None

14. Did the object appear: (Circle One)

(Circle One for each question)

a. Solid? b. Transparent? c. Don't know d. None e. None f. None g. None h. None i. None j. None k. None l. None m. None n. None o. None p. None q. None r. None s. None t. None u. None v. None w. None x. None y. None z. None

15. Did you observe the object through any of the following?

(Circle One for each question)

a. Binoculars b. Telescopic c. Telescopically d. Other e. None f. None g. None h. None i. None j. None k. None l. None m. None n. None o. None p. None

Witness 19/10002 14.
HAMILTON N.Y.

Appendix III

Form 3

U. S. AIR FORCE TECHNICAL INFORMATION SHEET

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomena that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

1. When did you see the object? Wednesday 10/10/62

2. Time of day 10:30 AM
(Circle One): A.M. P.M.

3. Time zone: Eastern
(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object? Hamilton
MAILING ADDRESS City or Town State or Country
Additional remarks: _____

5. Estimate how long you saw the object. 1/2
Hours Minutes Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.
a. Certain Just very sure
b. Fairly certain Just a guess

6. What was the condition of the sky?
(Circle One): a. Bright daylight b. Dull daylight
c. Bright twilight d. Just a trace of daylight
e. Don't remember

7. If you saw the object during DAYLIGHT, TWILIGHT, or DARK, where was the SUN located as you looked at the object?
(Circle One): a. In front of you b. In back of you
c. To your right d. To your left
e. Overhead f. Don't remember

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16. Tell in a few words the following things about the object.

- Sound No noise
- Color paint mixed with a faint pink-like reddish

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.



18. The edges of the object were:

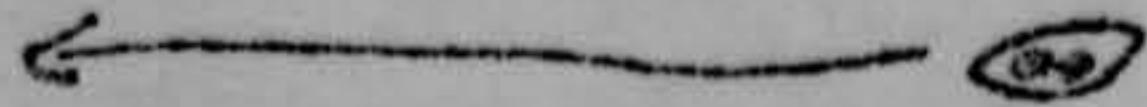
(Circle One):

- Fuzzy or blurred
- Clear or sharp
- Sharply outlined
- Don't remember

19. If there was MORE THAN ONE object, then how many were there? _____

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



Through the sky

21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.

feet.

22. How large did the object or objects appear as compared with the following objects held in the hand and at about arm's length?

(Circle One):

- a. Head of a pin
- b. Pen
- c. Dime
- d. Nickel
- e. Quarter
- f. Half dollar
- g. Silver dollar
- h. Baseball
- i. Grapefruit
- j. Basketball
- k. Other *smaller than*

22.1 (Circle One) of the following to indicate how certain you are of your answer to Question 22.

a. Certain

b. Fairly certain

c. Not very sure

d. Uncertain

23. How did the object or objects disappear from view?

It was lost in the clouds and

disappeared

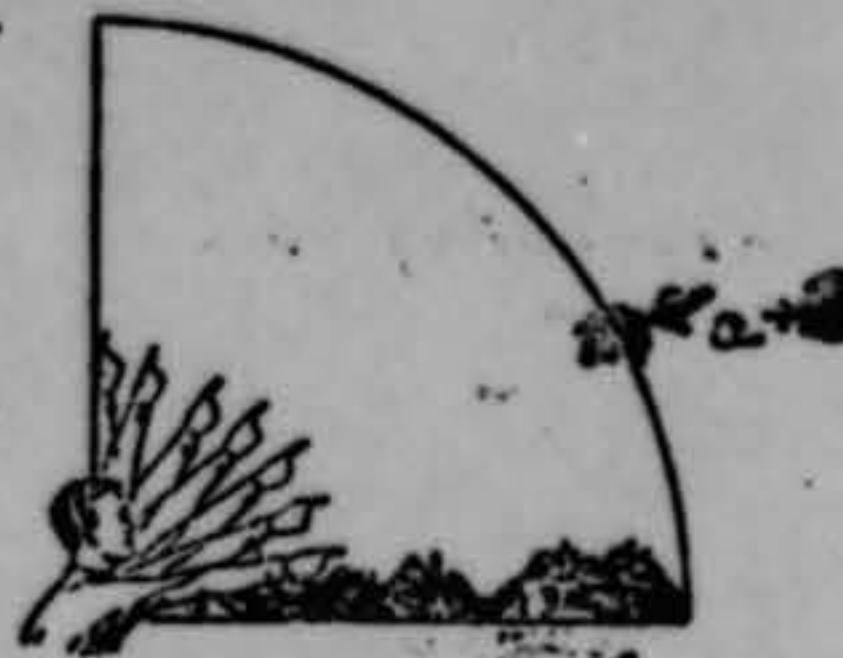
24. In order that we can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or object which when placed up in the sky would give the same appearance as the object which you saw.

*It was oval in shape, + I've
Never seen anything like it
before.*

23. Where were you located when you saw the object? (Circle One)	24. Were you (Circle One)
<input type="checkbox"/> In a building <input checked="" type="checkbox"/> In a vehicle <input type="checkbox"/> In the residential section of a city <input type="checkbox"/> In the non-residential section of a city <input type="checkbox"/> Flying over an ocean <input type="checkbox"/> Flying over a city <input type="checkbox"/> Flying over open country <input type="checkbox"/> Other	<input type="checkbox"/> In a building <input type="checkbox"/> In a vehicle <input type="checkbox"/> In the residential section of a city <input type="checkbox"/> In the non-residential section of a city <input type="checkbox"/> Flying over an ocean <input type="checkbox"/> Flying over a city <input type="checkbox"/> Flying over open country <input type="checkbox"/> Other
25. What were you doing at the time you saw the object, and how did you happen to witness it?	
<u>6235 0 3387 6149 57425 226</u> <u>6235 0 3387 6149 57425 226</u>	
26. If you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions.	
26.1 Where direction were you moving? (Circle One)	26.2 How fast were you moving?
<input type="checkbox"/> North <input checked="" type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West	<input type="checkbox"/> 50 mph <input checked="" type="checkbox"/> 60 mph <input type="checkbox"/> 70 mph <input type="checkbox"/> 80 mph
26.3 Did you stop at any time while you were looking at the object? (Circle One)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27. What direction were you looking when you first saw the object? (Circle One)	
<input type="checkbox"/> North <input checked="" type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West	<input type="checkbox"/> North <input checked="" type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West
28. What direction were you looking when you last saw the object? (Circle One)	
<input type="checkbox"/> North <input checked="" type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West	<input type="checkbox"/> North <input checked="" type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West
29. If your last flight was with heavier-than-air (heavier than air) aircraft, try to estimate the number of degrees the object was from your path and also the number of degrees it was apart from the last item (heavier).	
30.1 When is later estimated	
<input type="checkbox"/> From north _____ degrees <input type="checkbox"/> From horizon _____ degrees	
<input type="checkbox"/> From north _____ degrees <input type="checkbox"/> From horizon _____ degrees	
<u>Could not say</u> <u>say</u>	

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22. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it.



23. In the following larger sketch place an "A" at the position the object was when you first saw it, and a "B" at its position when you last saw it. Refer to smaller sketch as an example of how to complete the larger sketch.



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34. What were the weather conditions at the time you saw the object?	
34.1 CLOUDS (Circle One)	34.2 WIND (Circle One)
<input checked="" type="checkbox"/> a. Clear skies b. Hazy c. Scattered clouds d. Thick or heavy clouds e. Don't remember	<input type="checkbox"/> a. No wind <input checked="" type="checkbox"/> b. Slight breeze <input type="checkbox"/> c. Strong wind <input type="checkbox"/> d. Don't remember
34.3 WEATHER (Circle One)	34.4 TEMPERATURE (Circle One)
<input checked="" type="checkbox"/> a. Cold b. Fog, mist, or light rain c. Moderate or heavy rain d. Snow e. Don't remember	<input type="checkbox"/> a. Cold <input checked="" type="checkbox"/> b. Cool <input type="checkbox"/> c. Warm <input type="checkbox"/> d. Hot e. Don't remember
35. When did you report to some official that you had seen the object? Day Month Year <i>I didn't!</i>	
36. Was anyone else with you at the time you saw the object? (Circle One) Yes <input checked="" type="checkbox"/> No	
36.1 If you answered YES, did they see the object too? (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
36.2 Please list their names and addresses:	
37. Was this the first time that you had seen an object or objects like this? (Circle One) Yes <input checked="" type="checkbox"/> No	
37.1 If you answered NO, then when, where, and under what circumstances did you see other ones? <i>I have not seen replicas of this.</i> <i>It's kinda, but it was in the</i> <i>other house & the object was a</i> <i>shiny silver ring.</i>	
38. In your opinion what do you think the object was and what might have caused it? <i>I have no idea. I listened for</i> <i>a motor. There was none.</i>	

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39. Do you think you can estimate the speed of the object?	
(Circle One) Yes <input checked="" type="radio"/> No <input type="radio"/>	
If you answered YES, then what speed would you estimate? _____ m.p.h.	
40. Do you think you can estimate how far away from you the object was?	
(Circle One) Yes <input checked="" type="radio"/> No <input type="radio"/>	
If you answered YES, then how far away would you say it was? _____ feet.	
41. Please give the following information about yourself:	
NAME	Last Name _____ First Name _____ Middle Name _____
ADDRESS	Street _____ City _____ State _____ N.Y.
TELEPHONE NUMBER	_____
What is your present job? <u>High school student</u>	
Age	<u>14</u> Sex <u>girl</u>
Please indicate any special educational training that you have had.	
a. Grade school	b. a. Technical school _____ (Type) _____
b. High school	
c. College	d. Other special training _____
42. Date you completed this questionnaire	
Day	<u>13</u>
Month	<u>July</u>
Year	<u>1954</u>